CRA SNS Webinar
Transcript

November 4, 2009
9:00 am CT

Coordinator: Welcome and thank you for standing by. At this time, all participants are in a listen-only mode. After the presentation, we will conduct a question and answer session. To ask a question, please press star then 1. Today's conference is being recorded. If you do have any objections, you may disconnect at this time.

I'd like to introduce your host for today's conference, Mr. Ben Erickson. Sir, you may begin.

Ben Erickson: Thank you very much. Good morning, everyone. As was stated, my name is Ben Erickson and I'm the data collector for the Program Preparedness branch of the CDC.

In the first portion of our session, we'll discuss the background and purpose of the system. We'll use the remaining time together to demonstrate the CRA applications.

The agenda is as follows; we're going to talk about the description, the definitions, the purpose, the application of secure data network or SDN enrollment process, a brief demonstration on the online tool, reporting guidelines and any questions you may have.

Medical countermeasures situation report was developed by the federal staffs for Biomedical Advanced Research and Development Authority, or BARDA, the FDA and the CDC. All of the data elements are based on questions that we

received from HHS and CDC leadership and other stakeholders during the outbreaks this past spring.

The intent was to try to develop a single standardized collection tool that would minimize multiple federal departments and agencies, according to project areas, of the statement information and to minimize ADHOC's data request.

The countermeasures situation report is a single standardized data collection tool that was developed to minimize the burden of reporting to multiple federal departments and agencies, the tools based on questions that have been key interest to national leaders since the spring outbreak of H1N1.

Information will provide visibility on the current inventory levels, distribution of the antivirals and PPE, shortages of antiviral regimens and PPE and antiviral regiments dispensed to high risk groups.

The medical countermeasures report has specific definitions. Let's take a look of the definitions in detail. Jurisdiction is 62 project areas that's defined by the CDC PHEP cooperative agreement. Shipments is the number of shipments of the antiviral regiments and/or personal protective equipment or PPE in a vehicle that has been delivered to a local entity. Inventory are antiviral drugs and personal protective equipment, PPE on hand.

Shortages are items that have not been replenished within a 24 hour time at a local jurisdiction. High risk groups are defined by the CDC and PPE is the personal protective equipment, specifically the N95 respirators and surgical masks.

CRA is a system of support tracking response activities. The systems can support any countermeasure in the event, including intervention such as vaccinations, pharmaceuticals, personal protective equipment, patent isolation and quarantine, other social distancing measures.

The system has the ability to both track - track both details on a personal level and aggregate accounts of countermeasures. There are several advantages to using CRA. The automated system reduces the margin of error and the synthesis of the information.

The automation provides more up front times of reporting. The system allows project areas by a system that maintains all of the historical responses data for feature retrieval.

Using the medical countermeasure situation report, aggregate data is entered directly into CRA via the Web-based aggregate reporting interface. The entered data is then available in CRA for reporting. Access to the CRA system can be accessed at the CDC by means of the secure data network or SDN. We'll learn how to access the online system in a few moments.

Before we use the application, let's talk about you'll need to run the online version of CRA. Your computer must have Internet access and a Web browser installed, such as Internet 4, 6 or 7. A secured data network digital certificate is required on each computer that will access CRA. The recommended screen resolution is 1024x768 and a version of Microsoft Excel is needed to view the reports.

At this time, I would like to introduce Carolyn Williams. She works with the countermeasure response administration or CRA. She'll guide you through the

digital certificate process and give a demonstration of the online
countermeasure reporting tool.

Carolyn Williams: Good morning. Again, my name is Carolyn Williams and I will direct you
through the CRA application. In order to access the CRA application, you
must request and obtain a secure data network digital certificate. This one
time enrollment process entails providing background information.

During the process, you'll be requested to provide a SDN challenge phrase.
This challenge phrase will be used each time you log onto SDN. After a
requested digital certificate, it will take one to two days before you have an
email requiring - sorry - approving your digital certificate.

Once you have received the confirmation email, you will need to install the
digital certificate on your computer. Note, users must have administrative
access on their computer or work with their ID - IT department to install the
digital certificate on their computer. If you do not know if you have
administrative rights, please contact your IT department and work with them
to install your digital certificate.

If you do not have an IT specialist or need further information, contact CDC
SDN support at www.syntech@cdc.gov or 1-800-532-9929 and select Option
1. The enrollment process will lead you to the following screen.

After you have obtained your digital certificate and it has been installed on
your computer, you will use a link at the top of this page, https://sdn.cdc.gov
and enter the challenge phrase that was provided to you during the enrollment
process. This challenge phase will be used every time you log onto SDN.

Select the countermeasure and response administration application from the SDN activity list. For first time users, the CRA rules of behavior rules here. Click Accept. Click Submit and you will be directed to the CRA landing page.

(Unintelligible) application which is located here on the top left of the screen. This link will take me to the CRA application.

Let's take a brief look at the application in action. Our goal here is to demonstrate CRA's rapid data entry features, which allows for the quick entry data of aggregate countermeasures. Our demonstration is based on a scenario of (Sally Smith), working for your state.

Using the countermeasure situation report, she will enter the number of shipments of antivirals and PPE distribute by type of local entity, antivirals and PPE on hand and of our regimen and PPE spot shortages and of our regimens administered to high risk and the number of PPE distributed.

Our demonstration will consist of two parts. The first part, we'll show you how you can enter data into the medical countermeasure situation report. Part 2 of the demonstration will show you how to update and export records in the medical countermeasures situation report.

Please note that CRA encompasses several applications. Therefore, you will not have access to all the functional areas. For future reference and review, you will provide us the countermeasure situation report, entering aggregate accounts, click Reference Guide. The Reference Guide will offer instructions on how to complete common tests in CRA.

We will now start the demonstration of the CRA application. I'll log into the system as a PHA user and will enter the aggregate accounts of countermeasures.

Welcome to the CRA Application page. As I said, you will log in with your established user name and password that you received from SDN. As a PHA user, you will only have access to your jurisdiction reports and limited access to the navigation panel options on the left.

On the left navigation panel, click on Data Collection, scroll down to Select - I'm sorry - Add Countermeasure Report. Event information; as you can see, in the Jurisdiction field, your state is automatically populated. The Event field, which is the Novel influenza H1N1 '09 is also automatically populated.

The report period ending; by default, the system captures secure end date. To change the date, you must enter the week for which you're reporting your data to CDC and the report period end date. You can either enter or click on the dates in the drop down box with the week you're transferring your data to CDC.

Remember, the report date must be on a Saturday. The reporting period is based on the MMWR week, defined as Sunday through Saturday. For this demonstration purpose, I will enter 10/17/09. By default, the system captures secure end time. Please note, when you're entering data in the medical countermeasure situation report, do not hit the Refresh button or hit the Back button. All entered data will be lost and you will have to start the process over. Also, please do not use commas when entering the data. The data will not be automatically or captured properly.

Let's begin to enter some information. In the Shipments section, we will enter the number of shipments containing antiviral regimens and our personal protection equipment that we'll distribute to each location. We will begin by entering the number of shipments to each location. Without using commas, I will enter data for the community health center. Because I've entered data in the number of shipment sections, I must answer or click Yes or No in the antiviral or PPE shipment. For this purpose, I will click Yes for antiviral ship.

You must enter numbers in these fields or enter 0. An error will occur if left unchecked. Therefore, I'll enter 0 for local health departments, 0 for emergency health departments and so on. Because again, I've entered a number in the Number of Shipments field, I must answer or click Yes or No into Antivirals or PPE Ship fields.

It is easier to maneuver through the system using your mouse. If you find that the location of the ship antiviral regimens or the PPE is not listed, then view the Other Place Special Size field. Type in the location name and then check Yes or No if antivirals or PPE were shipped. If more than one location is identified, you can separate your locations with commas.

Let's move to the Inventory section. Let's enter the on-hand inventory for anti-viral and PPE. Please report inventory in the number of bottles and/or units. You have the option to enter data in this section in one of two ways; you can either enter totals for each product or enter the total number of antivirals on hand in the antiviral target total fields. The form will not allow you to do both.

The totals add up automatically in the right column. Let's enter the number of on hand products for Relenza. For the regional, as you see, the totals add up automatically on the right. Let's pretend I don't know the automatic

breakdown for - in the local fields. So I'll add that total at the bottom in the antiviral aggregate total.

Again, it's much easier to enter the data using your mouse. As you can see, the totals in your fields for the state is automatically totaled up in the antiviral aggregate total in the columns as well as the rows. Again, as we stated, we don't know the breakdown of the information in the local fields so I'll enter the total in this field. Because we're entered a total in this field, this system will not allow you to enter data that is - the system will not allow you to enter data in the local fields. The fields have been shaded out.

Let's enter the data in the PPE fields. For N95 respirators for the state; regional - and again, we don't know the breakdown for the total. We'll leave that later. The totals add up for you automatically in the columns. Let's enter the local.

Let's move to the Shortages field. Here we use this section to identify the type and geographical areas that we have sustained supply shortages of antiviral regimens greater than 24 hours. You can report area of supply shortages by using the following options; no report, sporadic, local, regional and state wide.

So for this demonstration purpose, I will select Sporadic. Because I selected Sporadic, I must specify the location of shortage. Again, if you have identified more than one area that has sustained a supply shortage, you can separate the areas using commas.

For this reporting period, you should use the same dropdown box information to report the spot shortages for N95 respirators greater than 24 hours. You have the same options, no report, sporadic, local, regional and statewide. I'll

select No Reports. Because I've selected No Report, there is no need to enter a location name.

Moving down to the High Risk Group section. In this section, we'll provide the number of antiviral regimens for each high risk group. The high risk groups are listed as children under five years of age, adults 65 years or older, pregnant women and persons with chronic or immunosuppressive conditions. The bullets below give you a detailed or describe the persons with chronic or immunosuppressive conditions.

Again, you have the option of entering data in one or two ways here. As in previous sections, you can either enter the information according to each specific group. Your totals are automatically tabulated for you in the Total Aggregate Dispense field.

If you don't have the information that specifies each high risk group, you can either enter the information in the total aggregate dispense - and I'll show you how to do that later on.

Let's move down to the PPE section. For this reporting period, you should enter the total number of N95 respirators that were distributed for use. Data entry is required in this section. You must enter data or the system will give you an error. If there are no PPEs distributed during this period, enter 0s.

Moving to the Notes section; you can use the Notes section to enter other information that you think will be helpful to CDC staff members.

When you're finished with the report, click Save. As you can see, the system will provide you that the countermeasures that you report has been created.

And if you scroll down to the bottom on the left side, it will give you the creation date, created on 11/4/2009 - as well as the time.

The CRA application has several features. Let's search for the report that we just created. Again, we'll begin by logging into the system just as you normally would do with your correct login and password. On the left navigation panel, click Data Collection, scroll down to Search Countermeasure Situation Report.

Again, your jurisdiction and event information is automatically populated in the fields. I will search for the report that we just added. You have the option of selecting the date or, as we did before, finding the date in the dropdown box. The report was October 17, 2009 - and click Search.

The report is automatically provided to us. Click on the report period end date and time link. Again, the report is provided to us. At this time, you can review the report, making sure the information that you entered is correct. And you can also make changes at this time.

Again, we can enter the information related to the report. Because we've entered new information, we need to click Yes or No for antivirals for PPE ship. Let's scroll down to Inventory. Let's say you have more information available at this later date and you'd like to enter your information in each of the anti-viral fields.

So highlight the number you've created; you can delete it. And automatically, the fields will open up and allow you to enter the separate information. Again, your total will add up for you in the columns as well as each row.

Let's make a change for no report in the N95 respirators for shortages. Let's click Local; again, because we clicked or we selected a location or geographical area, we must type in a location name. Again, if there is more than one location there to identify, you can separate those areas with commas.

Let's go down to the high risk group. Again, as I told you, you can make changes to this system. You can also just highlight the numbers that we've created, create those numbers and immediately your data is updated for you.

In the PPE section, just make changes as you see fit. And again, if you find that you've made changes that are - were - that you did not want to make, you can click Reset to Save and the system will take you back to the original saved form.

At this time, we can click Save to save the changes we've already made. The system will let you know that the countermeasure situation reports has been updated. And scroll down to the bottom on the left. The system will also provide you the original creation date as well as the modification date. As you see, we've created and modified the date on the same date but the times are different.

Another feature of the CRA application will allow you to export data, the same information that we've just entered. Let's try that system. Click on data collection, scroll down to Search Countermeasure Situation Report. Let's update that same report we just entered and updated, which was created on October 17th.

Again, the report period end date or the report must end on a Saturday. Click Search; again, the report brings back the report we're looking for. Let's click

Export to Excel. At this time, you can either open or save the document, if you'd like to export.

You can create headings or just change the information. All the information that we just added into the report is here. So all the data that was added to the report you've selected has been exported into the Excel spreadsheet. At this time, you can, like I said, you can create your headings and you can save your information to your computer or cancel.

This concludes the demonstration of the CRA application. Once finished, click Logout.

Ben Erickson: Each project area is responsible for completing their sections; shipments, inventory, any shortages, high risk group dispensing and PPE of the medical countermeasure situation report each week of your jurisdiction. Weekly reporting is required. Please enter zeros and click Save for weeks where there's no information to report. This will help CDC discern that there is no information to report versus the project areas has information for that period to report but it has not submitted the information. Reporting via CDC CRA is required by the end of the day.

There are two options for reporting; using CRA and email. There are - CRA is - email is what you're currently using. There are several advantages using the CRA. The augmented system uses the margin for error in the synthesis of the information. The automation provides more up front time to report and the system allows project areas has a system that maintains all of the historical responses' data for future retrieval.

You can reach the FIN Help Desk by calling 1-800-532-9929 or by email at www.syntech@cdc8L:gov. They're available for help Monday through Friday

between 8:00 am and 8:00 pm Eastern tine. You can contact the FIN Help Desk for information about issuing digital certificates, getting access to the countermeasure situation report interface and general problem solving.

For additional help you can always contact my - me, Ben Erickson, at www.dsnsreporting@cdc.gov.

At this time, I'd like to address any questions you may have.

Coordinator: If you'd like to ask a question, please press star then 1. Please record your name clearly when prompted. Your name is required to introduce your question. To withdraw your question, please press star then 2. One moment please for the first question.

The first question comes from Amy Stuart, your line is open.

Amy Stuart: Hi, thanks, the demonstration was great, able to see it, it means a lot more to me. But a question was in the demonstration, you said something about hitting the Save. I didn't see a Save button. Is it automatically, like, either when you edit or enter the information, is there a Save button or it automatically saves?

Carolyn Williams: Sure, I'll go back to that. There is a Save button and I'll show you exactly where I was referring to. Okay, let's go back to that report you were just referring to, just to make sure we're all on the same page. Sorry about that.

Okay, if you scroll down to the bottom, there's a Save button right here. On the original form, you don't see the Reset to Save but the Save button is on the front page of each and every report.

Amy Stuart: Okay, I see it now. And I'm assuming that if it's not - if you don't hit Save, is it that you're information that you've input is lost basically, if you don't hit Save?

Carolyn Williams: It's just more at a standstill. When you hit Save, that's when your information will be saved. You don't hit Save until you finish entering the information. Of course, you hit Save and you have information that is in error, you would get error reports.

Amy Stuart: Okay.

Carolyn Williams: Error messages, especially when you don't have the accurate information embedded.

Amy Stuart: Okay, thank you.

Coordinator: As a reminder, if you'd like to as a question, please press star then 1. Our next question comes from Mike Staley, your line is open.

Mike Staley: Good morning and thank you for your demonstration. In looking at your shipment areas where it shows the PPE shipped, do - does that area need to be check marked Yes or No or just left blank?

Carolyn Williams: If there has been shipments for that local area and they put a number in there, they do have to either check Yes or No.

Mike Staley: For either one of the other columns? I understand.

Carolyn Williams: If they're zero, they don't put anything. But if they do put a number there, they have to tell which one did they ship out, antivirals, PPE or both.

Mike Staley: Gotcha.

Carolyn Williams: As an example for the nursing homes, assisted living facilities, because I entered a number in the number of shipments, I want to click Yes for antiviral ship. And I also can click Yes for PPE ship. But again, it doesn't have to both. You can click Yes in the antiviral ship or PPE.

Coordinator: Our next question comes from Blanche Collins, your line is open.

Blanche Collins: Can you scroll down just a little bit? Right there, where you have the ability to do the antiviral aggregate total on the local level?

Ben Erickson: Yes.

Blanche Collins: Can you not do the same thing at the very bottom, entering the 1191 for the PPE?

Ben Erickson: No, for the aggregate total. But for the N95 respirators, we just need to know what you have on hand at the local level. We really didn't need to put an aggregate total. Some project areas are unable to separate between all the different type of regimens and the type of products. So we just wanted to put that at the top, unless they're unable to do so. But the N95 respirators and surgical masks, they should be able to provide inventory numbers.

Blanche Collins: Thanks.

Ben Erickson: You're welcome.

Coordinator: Our next question comes from Heidi Pfeiffer, your line is open.

Heidi Pfeiffer: Hi, Ben, can you guys scroll up a little bit again? The first question I have is on the very top of your screen, you've got little arrows that say Denotes Required Field. You had mentioned a few times that there were some required fields they had to enter and if they didn't, they'd get an error message. Will the error message tell them what fields need to be entered?

Carolyn Williams: Yes, and I'll demonstrate that right now. I'm going to leave 200 here and not click Yes or No. In our number there, without clicking Yes or No for antivirals or PPE shipped. Pretend like I'm making changes and scrolling down, I'm going to click Save.

Woman: Take it off or put more on?

Carolyn Williams: There are validation errors. Please correct and resubmit, click OK. If you scroll up, the system will provide you or give you exactly where the errors are. So a value is required in this field.

Heidi Pfeiffer: Question though; if you go back up where it says initially for emergency medical services you have 200 and we checked Yes. We didn't check anything under PPE because we didn't have to. But it's telling us now you have to.

Carolyn Williams: It's telling you to do one or both.

Heidi Pfeiffer: Okay, that's not too clear to me because it looks like both boxes need to be checked.

Carolyn Williams: Okay.

Ben Erickson: If you have 200 shipments for this past reporting week, you need to put No for PPE shipped and Yes or No for antiviral shipped. You've got to choose one or both.

Heidi Pfeiffer: Okay, but we didn't do that, for example, under Community Health Centers. We just have 340 yes for antivirals. And say we didn't ship any PPE, you're saying we needed to check No.

Carolyn Williams: What the system is telling you that you need to check Yes in antivirals or Yes for PPE, one or either. And I'll show you exactly what I mean - since I've checked Yes for emergency medical services, and I left this one blank here in BNA Home Health Care Agency, I'll click Yes for PPE.

I'll go down and click Save and show you that the system will accept either Yes for antivirals or No in PPE. It didn't select anything in there, as well as the nursing home assisted living. Is that clear?

Ben Erickson: Heidi, I see what you're talking about. If you put a number in antiviral ship, you get a queue Yes or No and then PPE shipped needs to be Yes or No. I do see what you're saying. That's something we'll look into over here.

Heidi Pfeiffer: Okay, great. Like quarantine sections, there's nothing marked under antiviral shipped. So if they've got to do one check on antiviral - you know what I mean, Ben, you got it?

Ben Erickson: Yep, I know exactly what you mean. We'll look into it on our side.

Heidi Pfeiffer: Okay.

Ben Erickson: Thank you for bringing that up.

Heidi Pfeiffer: Hey, no problem. And the other question I have is if someone goes in two weeks later to update their medical countermeasure report, will that reflect your analysis, when you guys export this data to do your reporting?

Ben Erickson: No, when I pull the reports, I usually pull them on a Wednesday following, you know, because these reports are due Tuesday by midnight. I'll pull all the responses on Wednesday and put them in the report so they're ready to go on Thursday.

Usually most project areas report on Friday before they leave on Thursdays before they're furloughed. So most of them are still going to be reporting within that same wait time but we just give them an extra couple of days the following week to put it in if they're unable to do so.

One of the things we're going to stress to the project areas is to make sure that if there are any changes to do so up front because we do weekly reports. We pull the data for each week. So if they're going to make changes to the inventory numbers, they take a snapshot in time for that week and put it into the report. And if there are any changes, we're going to have to work on that and provide updates is needed down the road.

Heidi Pfeiffer: Ben, what would be a really good idea would be on your Webinar to maybe say the last time you can make changes and this week, we report for this week is Tuesday at whatever time.

Ben Erickson: Okay.

Heidi Pfeiffer: That'll...

Ben Erickson: Go ahead.

Heidi Pfeiffer: That'll prevent you having to do that. Now one more other question and I'm sorry - can you guys scroll up? On the very top, you have little triangles as it denotes to required field. That in itself, is there anyway you can put that throughout the entire document or is it just a matter of, you know, right now it would be nice if I could check all the required fields and not have to go back and, you know, put in value, put in value, like we had that error report.

Ben Erickson: I think - they do not put a number, like, that top one will say it states 340 number of shipments. If that is left blank, that triangle will pop up just to the left of that. No, it won't - sorry.

Heidi Pfeiffer: Can you - or Ben, can you just take it off?

Ben Erickson: I see what you're seeing, it - okay, let me put it down and we'll discuss on our end.

Heidi Pfeiffer: Okay, that's all I have right now.

Ben Erickson: You sure there's nothing else?

Heidi Pfeiffer: I'll think about it, wait for other questions. Also, Ben, is there a way you can capture some of these questions and maybe do a Frequently Asked Question before you open it up for questions?

Ben Erickson: Yeah, I have a bunch of questions already that I collected the first time we did this.

Heidi Pfeiffer: Okay.

Ben Erickson: Also some emails that I've been getting back and forth. So...

Heidi Pfeiffer: Okay, great.

Coordinator: Our next question comes from (Chuck Menchan). Sir, your line is open.

(Chuck Menchan):   Hello, Ben, and thank you for taking my call. It's an awesome presentation. Could you scroll down to the section where we talked about the inventory and aggregate totals?

Ben Erickson: Yeah.

(Chuck Menchan):   Okay. In that section, where you talked about when you answered Blanche's question a little bit earlier that an aggregate number was not necessary...

Ben Erickson: Correct.

(Chuck Menchan):   Would it be possible or should we have a note stating that aggregate total is not necessary? Because one of the questions I got from the field was they couldn't enter aggregate numbers for - in the case for the local there as discussed earlier.

Ben Erickson: That's what - one of the things we put in place here is an either/or situation. So if they...

(Chuck Menchan):   Okay.

Ben Erickson: Put by product type, let the 75, 45 and 30, they will unable to click that antiviral aggregate total and put it in the number. And the instructions right above that says if you're unable to provide by each item, provide an aggregate total, you're exactly right though. A lot of product areas are reporting both, they're putting an aggregate count, either if they're adding it up themselves or if they're putting a different number altogether. And I basically - if they break it out, I just use that and I kind of disregard the aggregate account because, like, 98%, 99% of them are just adding it up.

So the story behind this was we're going to set it up so they have the choice to do one or the other...

(Chuck Menchan): Okay.

Ben Erickson: If the one - the project areas know if they're unable to break it out. And if they are, they'll go put it out in aggregate - antiviral aggregate total, then that'll prevent them from entering text and numerical numbers at the top section.

(Chuck Menchan): Gotcha. Thank you very much.

Ben Erickson: You're welcome.

Coordinator: As a reminder, if you'd like to ask a question, please press star then 1.

Ben Erickson: Anybody else?

Coordinator: Amy Stuart, your line is open.

Amy Stuart: Hi, Ben, another follow up on that last question of (Chuck)'s, because we have providers that are reporting - I mean, we have both. So some people are

very good at breaking it out but some are just giving us an aggregate. So we've been reporting, like you said, both. So this would not allow us to that, correct?

Ben Erickson: Correct. And in that case, just put it all together and put it as an aggregate total. Because obviously it'll be impossible for you to breakout what they reported as an aggregate.

Amy Stuart: But wouldn't it be better to have - I'm thinking on a state level, it'd be better to see the breakout...

Ben Erickson: Yes.

Amy Stuart: But...

Ben Erickson: In a perfect world, it would be easier to have it as a break out. However, we - it's easier not to have it both or at least for every reporting period - the problem is, is when I put these aggregate accounts together from all the project areas, I have to exclude the aggregate - people who report just an aggregate number because they want to focus in on obviously the 45 and 30 and the suspensions versus the other ones. And that's kind of why we had to break it out versus as keeping it adult and pediatrics. They wanted to know specific inventory levels of the suspension specifically.

So you know, in your case, I'm going to have to think that there's a workaround for that in your situation. There's maybe one other project there that has that same issue. But I was able to get them to break it out by product type.

Amy Stuart: And some providers are very good, like the pharmacies are and some of the providers are not. Would it help to have some kind of like a subtotal? Because I know it's confusing because it doesn't add up because there's a difference. But would a solution be, like a subtotal of the breakout and then an aggregate total?

                I mean, I don't know, that's just a thought.

Ben Erickson: No, I totally understand what you're saying. Let me think about that for a minute and I'll talk with you offline to see if there's something...

Amy Stuart: Okay.

Ben Erickson: That we can work up for your situation. Because you're - like I said, you're not the only one but I do see you're getting both and you don't know which one to use.

Amy Stuart: Right, okay, thank you. Thanks, Ben.

Ben Erickson: You're welcome.

Coordinator: Heidi Pfeiffer, your line is open.

Heidi Pfeiffer: Hi, Ben.

Ben Erickson: Hi, Heidi.

Heidi Pfeiffer: Can you guys scroll up a little bit? Okay, down a little bit more. What I want to do is look at the location where it says Other. If I've got two locations, for

example, Lancaster and Chicago, how do I denote the 700 and I put - gave 10 to Chicago and it was PPE?

Carolyn Williams: We had two blanks there before.

Ben Erickson: Yeah, we originally we had two blanks for Other.

Man: (Unintelligible).

Ben Erickson: Yeah, you may be able to enter into the location area. But see, that's not...

Heidi Pfeiffer: That won't give you your aggregate, then you won't be able to pull that number out.

Ben Erickson: Yeah. I haven't - the problem is as far as the project areas haven't been putting a tremendous amount of other locations and that's why we kind of cut it down from two to one because one of the big changes I made was from county health departments to local health departments. Because, you know, almost half the project areas are seeing local health departments in the other location.

So I kind of changed that from county to local, which is more broad and generic so they're able to put in there. But I haven't come across many project areas who've had to put multiple areas that don't meet one of these criteria. It's something that - again, I'll put this one on the list too to see if that should be something we should look at.

But I'm going to look at these past reports and see if there's even - I just - I don't remember seeing too many project areas put - one that doesn't fit in one of these location categories. Most of them are either a school, that's very rare.

Heidi Pfeiffer: Okay, I mean, if you're seeing not a lot of entries under Other, which you could just basically tell the states that when you're on the Webinar, at least you won't get this question, like if I wouldn't have had the question, you know, what if I am shipping to wherever, you know, like a state office building.

Ben Erickson: Yeah.

Heidi Pfeiffer: It's something to think about.

Ben Erickson: Will do. Thank you, Heidi.

Heidi Pfeiffer: You're welcome.

Coordinator: Our next question comes from Blanche Collins. Your line is open.

Blanche Collins: Hey Ben...

Ben Erickson: Hi, Blanche.

Blanche Collins: Under the shortage section, you don't have an area for reporting mass shortages. And I know that when we were sending out the N95 to the states, one of the things that kept coming up was that they didn't have - there were reported shortages of procedure masks or surgical masks.

Ben Erickson: Yeah, we - go ahead.

Blanche Collins: I'm wondering if that needs to be on here as well.

Ben Erickson: We actually talked about that when we were designing this form, before we got to where we are today. And a decision was made about me that we're just focused on N95 respirators. At the time, that's where the majority of the request and most of the products were coming, N95. But I know from our meetings this past week that it's focusing on the surgical masks now.

So again, that's something I'm going to have to get clarification on and see if we should adapt.

Blanche Collins: Okay, thanks, Ben.

Ben Erickson: You're welcome.

Blanche Collins: Our next question comes from (Jamie Jones). Your line is open.

(Jamie Jones):   Hi, Ben.

Ben Erickson: Hi, (Jamie).

(Jamie Jones):   I just wanted to kind of follow up with Amy's question about the mixture that she's got as far as the break out and the aggregate.

Ben Erickson: Yes.

(Jamie Jones):   What I noticed on some of that, because I've been looking specifically at the high risk groups, is that, Amy, you might be able to put that in the Notes section.

Ben Erickson: Yes.

(Jamie Jones):   Report the aggregate in the actual data field and in the Notes section report your information in your high risk groups. That may be one solution to get around that.

Ben Erickson: That's actually a really good one. Thank you very much, (Jamie). I completely forgot about the Notes section. That may be a workaround for it because when we do the email submission reporting, a lot of them are putting notes and I'm having to pull that out and put it in the Notes section on the report.

So Amy, I think - I'll talk to you again offline but I think (Jamie) is spot on on this. I think the aggregate piece, I think it'd be good to put that in the Notes section and then for the break up put it in the top because that's consistent with all the other project areas that are reporting.

Anybody else have any comments?

Coordinator: (Chuck Menchan), your line is open.

(Chuck Menchan):   Yes, Ben, thank you for taking by call again. Can you scroll over to the shortages section of the form here? The question is, when you identify whether it's a - the type of shortage that you have there and is thee a need to put in the specific product that you're short?

For example, 30 or 45 milligram Tamiflu or Relenza or Tamiflu or suspension. That's what I'm seeing - I'm getting feedback from my project areas indicating that they would like to share exactly what they're short because they don't need to get stuff that they're not - that's not germane to what they're experiencing.

Ben Erickson: You know, you're spot on on that as well. Most of the project areas are actually instead of saying the specific location, they're telling me what type of product they're short on. In this sense, the reasoning behind why we had this set up the way it is, is to kind of - because we couldn't say the check the counties that are having shortages because some of the counties are, you know, as you know, Texas and California.

It was trying to keep it in the same concept as what the vaccine side as to what type of shortage you're having as far as the definitions for that. =But then we want to be able to have them hone down on what type of area, you know, is it just this county, this town, these towns, multiple towns so that we can turn around and follow up with those areas and finding out why there's shortages.

I think in this sense, I'm going to keep them on track to keep them on the type of location because that's, I think, very valuable on our end so that we can follow up on why these locations specifically. But in the bottom and again in the Notes section, they can identify what type of product their shortage in. Because I know like, just like you're saying, the antiviral regimen, I think the biggest one obviously is the oral suspension.

(Chuck Menchan):   Right.

Ben Erickson: So I think in the bottom in the Notes section, amongst all the other stuff they're unable to put in this report, they can put that stuff in the notes and I'll be able to extract it from there.

So the reason why we kind of keep these things the way they are is because when I export it, I can look at it and put aggregate totals as long as they're on consistent reporting. So if we start getting cases mixed in against other stuff, it'll make it

very difficult to be able to report when we don't know what they're going to put in each cell.

(Chuck Menchan):   Roger, understand, good point.

Ben Erickson: Thanks, (Chuck).

Coordinator: Our next question comes from Heidi Pfeiffer, your line is open.

Ben Erickson: Heidi?

Coordinator: Ms. (Fifer), please unmute your phone, your line is open.

Heidi Pfeiffer: Hi. Sorry, one of the questions I'm getting from the states - one of the states is that if you - if we could define what the shortages are under the dropdown box.

Ben Erickson: Yep.

Heidi Pfeiffer: If you can pull it down sporadic versus regional versus - a difference between regional versus statewide, you know, so that was one of the questions is...

Ben Erickson: Yep. And that's one thing I'm going to - I actually had a list of the vaccine definitions for the same thing. And I'm going to try to put that in the definition section on the presentation so that we can go over that because that is a - I think you brought that up in the all hands that we had. Was that...?

Heidi Pfeiffer: Okay.

Ben Erickson: So I think - I have them and I'm going to incorporate them in the definitions on the presentation.

Heidi Pfeiffer: Okay.

Ben Erickson: You're right, that is something that needs to be identified.

Heidi Pfeiffer: Okay, great. And if we can go up to the high risk people. Are these the high risk that we want to collect or are these the high risk from CDC? And the reason why I ask is if we look down at the bullets, the four bullets...

Ben Erickson: Yep.

Heidi Pfeiffer: Residents of nursing homes and other chronic care facility. I don't think we use the term chronic care facility. I think we use long term care.

Ben Erickson: This is actually copied verbatim from what CDC has as far as their guidance. I'll have to compare it again, probably will have to talk to (Jamie) because she's the one who gave me the copy of - that went out. I think (unintelligible) sent out to all the project areas specific information on the high risk groups. And I think this literally is almost copied verbatim what was said in there.

Heidi Pfeiffer: Okay.

Ben Erickson: We'll have to look and see but, you know, I wanted to keep the same consistent reporting that we're - the message that we're trying to put out.

Heidi Pfeiffer: Yeah, I would say, before you do the Webinar, check on - because I know I've got something that www.usa.gov has that's from the CDC that's just a different terminology. So before you do the Webinar too, I would say just

confirm one more time just the proper terminology because I've never seen chronic care facilities.

Ben Erickson: Okay.

Heidi Pfeiffer: Okay.

Ben Erickson: Yep, thanks.

Coordinator: Our next question comes from Amy Stuart. Your line is open.

Amy Stuart: Hi, not a question so much as when you were referencing after (Jamie)'s suggestion, I was nodding my head and saying, yes, I understand. Thank you. I was muted - how awful to be muted. Understood, thanks.

Ben Erickson: Does that help though?

Amy Stuart: Yes, I think it will. I think that will capture it because I think it's important to capture the breakdown if we can.

Ben Erickson: Yeah, absolutely. And that's the reason why we did it in the first place. So I'll still talk to you offline just to make sure everything's smoothed over and you're able to do it with ease.

Amy Stuart: Okay, thanks.

Ben Erickson: That's the most important piece.

Amy Stuart: Yeah, thank you, Ben.

Ben Erickson: You're welcome.

Coordinator: Mr. Erickson, we have no questions in queue at this time.

Ben Erickson: Okay, well, again, thank you everyone for listening to the presentation. We appreciate you taking the time to join us. If you have no other questions, obviously all of you know where I sit and where - how to reach me. Thank you guys very much and have a good day.

Coordinator: Thank you for participating in today's conference call.

                            END